

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008041**

1. Entity Name
WINCREST DRIVE, LLC

FILED *LR 3/21*
00 MAR -8 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
350 KINGSTOWN DRIVE **350 KINGSTOWN DRIVE**
NAPLES FL 34102 **NAPLES FL 34102-7821**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0962458 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEEWALD, JEANNE L ESQ
ROETZEL & ADDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES FL 34103

Name **Mark J. Price, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Roebel + Address, LPA**
850 Park Shore Drive, Third Floor
City **Naples** FL Zip Code **34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **Mark J. Price, Esq.** DATE **2/21/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR CAUCHON, PATRICIA A 12 WINCREST DRIVE WINCHESTER MA 01890	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400003187674--7 -03/29/00--01005--017 *****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **Patricia A Cauchon** DATE **2/1/00** DAYTIME PHONE # **781-721-1177**
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)